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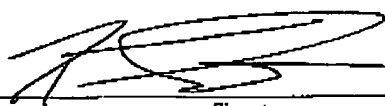
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**COMMENTS:**

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 50588/40
Applicant(s): Paul G. Allen, et al.			
Application No. 09/863,053	Filing Date May 22, 2001	Examiner Jason P. Salce	Group Art Unit 2614
Invention: CONTACT LIST FOR A HYBRID COMMUNICATOR/REMOTE CONTROL			
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I hereby certify that this _____ <small>(Identify type of correspondence)</small> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u> ) on <u>August 11, 2006</u> <small>(Date)</small>			
Mary Louise Miner <small>(Typed or Printed Name of Person Signing Certificate)</small>			
 <small>(Signature)</small>			
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* Amendment (24 Page(s)) Request for Continued Examination (RCE) Transmittal (1 Page) Amendment Transmittal Letter (1 Page(s)) Credit Card Payment Form (1 page)			
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P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. 50588/40	
Applicant(s): Paul G. Allen, et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
09/863,053	05/22/2001	Jason P. Salee	32641	2623	9776	
Invention: CONTACT LIST FOR A HYBRID COMMUNICATOR/REMOTE CONTROL						
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COMMISSIONER FOR PATENTS:					AUG 11 2006	
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below:						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	55 -	60 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 502375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card, Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: August 11, 2006			
Kory D. Christensen Attorney Registration No. 43,548 STOEL RIVES, LLP 201 S. Main Street Suite 1100 Salt Lake City, Utah 84111 Telephone: (801) 328-3131 Facsimile: (801) 578-6999			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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P111LARGE/REV10